

State of California
DEPARTMENT OF STATE HOSPITALS

INITIAL STATEMENT OF REASONS

Proposed Adoption to the Regulations for Hospital Access System

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California Health and Human Services Agency
Department of State Hospitals
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Sacramento, California 95814

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INTRODUCTION AND BACKGROUND

The Department of State Hospitals (DSH or the Department) manages the California state hospital system, which provides mental health services to patients committed to DSH care and custody. DSH strives to provide effective treatment in a safe environment and in a fiscally responsible manner.

DSH operates five hospitals: Department of State Hospitals - Atascadero, Department of State Hospitals - Coalinga, Department of State Hospitals - Metropolitan, Department of State Hospitals - Napa, and Department of State Hospitals - Patton. All five state hospitals are fully licensed and must comply with regulatory standards to continue providing care. DSH employs more than 11,000 staff and serves more than 12,000 patients annually in an inpatient hospital system.

These patients are judicially committed to DSH, more than 90 percent of which through the criminal justice system, the remainder through the civil courts.

THE PROBLEM THAT THE PROPOSAL IS INTENDED TO ADDRESS

DSH, in balancing its interest in maintaining the safety and security of patients, staff, and the public with its interest in encouraging patient autonomy, treatment participation, and overall wellness, developed a standardized hospital access system to enable patients to move about on the hospital grounds.

BENEFITS

Creating a standardized hospital access system for patient movement on hospital grounds will ensure that each patient can expect to receive a fair evaluation according to the same criteria. Consequently, a standardized assessment of patient movement will increase staff efficiency, reduce waste and redundancy, and improve morale.

PURPOSE AND NECESSITY FOR EACH PROPOSED PROVISION

Adopt new section 4355, subsection (a)(1).

Purpose: To provide a standard definition and understanding of “Access.”

Necessity: This proposed provision is necessary to provide a common understanding of the term “Access” as used in the proposed regulation. A standard definition is necessary so that the public and all interested parties, including DSH patients and staff, can have a reliable expectation as to what “Access” is, regarding patient movement on state hospital grounds.

Adopt new section 4355, subsection (a)(1)(A).

Purpose: To provide a standard definition and understanding of “Escorted Access.”

Necessity: This proposed provision is necessary to provide a common understanding of the term “Escorted Access” as used in the proposed regulation. A standard definition is necessary so that the public and all interested parties, including DSH patients and staff, can have a reliable expectation as to what “Escorted Access” is, regarding patient movement on state hospital grounds.

Adopt section 4355, subsection (a)(1)(B).

Purpose: To provide a standard definition and understanding of “Unescorted Access.”

Necessity: This proposed provision is necessary to provide a common understanding of the term “Unescorted Access” as used in the proposed regulation. A standard definition is necessary so that the public and all interested parties, including DSH patients and staff, can have a reliable expectation as to what “Unescorted Access” is, regarding patient movement on state hospital grounds.

Adopt new section 4355, subsections (a)(2) and (a)(2)(A) through (a)(2)(Z).

Purpose: To provide a standard definition and understanding of “Commitment Type.”

Necessity: This proposed provision is necessary to provide a common understanding of the term “Commitment Type” and what it relates to as used in the proposed regulation. A standard definition is necessary so that the public and all interested parties, including DSH patients and staff, understand the different kinds of bases for judicial commitments of patients to DSH.

Adopt new section 4355, subsection (a)(3).

Purpose: To provide a standard definition and understanding of “DSH.”

Necessity: This proposed provision is necessary to provide a common understanding of the term “DSH” and to clarify that the acronym “DSH” as used in the proposed regulation refers to the Department of State Hospitals and not another entity which may have the same initials.

Adopt new section 4355, subsection (a)(4).

Purpose: To provide a standard definition and understanding of “Executive Staff.”

Necessity: This proposed provision is necessary to provide a common understanding of the term “Executive Staff” and to specify who the members are of a state hospital’s “Executive Staff.”

Adopt new section 4355, subsection (a)(5).

Purpose: To provide a standard definition and understanding of “Hospital Access System.”

Necessity: This proposed provision is necessary to provide a common understanding of the term “Hospital Access System” as used in the proposed regulation. A standard definition is necessary as a shorthand title to the entire patient movement system and so that the public and all interested parties, including DSH patients and staff, can have a reliable understanding of what the term means.

Adopt new section 4355, subsection (a)(6).

Purpose: To provide a standard definition and understanding of “Program Staff.”

Necessity: This proposed provision is necessary to provide a common understanding of the term “Program Staff” as used in the proposed regulation and to specify who the members are of a state hospital’s “Program Staff.”

Adopt new section 4355, subsections (a)(7) and (a)(7)(A) through (a)(7)(E).

Purpose: To provide a standard definition and understanding of “State Hospital” or “State Hospitals.” To provide a comprehensive list of the DSH “State Hospitals.”

Necessity: This proposed provision is necessary to provide a common understanding of the term “State Hospital” or “State Hospitals” as used in the proposed regulation. A standard definition is necessary to distinguish the DSH “State Hospitals” from other hospitals which happen to also be in the State of California. Further, enumerating the list of DSH “State Hospitals” is necessary to clarify that the “Hospital Access Manual” is applicable to all of them.

Adopt new section 4355, subsection (a)(8).

Purpose: To provide a standard definition and understanding of “Treatment Team.”

Necessity: This proposed provision is necessary to provide a common understanding of the term “Treatment Team” as used in the proposed regulation and to specify for the public and all interested parties, including DSH patients and staff, what kind of members comprise a state hospital’s “Treatment Team.”

Adopt new section 4355, subsection (a)(9).

Purpose: To provide a standard definition and understanding of “Treatment Team Conference.”

Necessity: This proposed provision is necessary to provide a common understanding of the term “Treatment Team Conference” as used in the proposed regulation and to clarify for the public and all interested parties, including DSH patients and staff, what kind of conference or meeting a state hospital’s “Treatment Team Conference” is.

Adopt new section 4356, subsections (a) and (a)(1) through (a)(2).

Purpose: To clarify that there are only two types of access at a state hospital.

Necessity: These proposed provisions are necessary to specify the two kinds of access a patient may have at a state hospital. They are necessary so that the public and all interested parties, including DSH patients and staff, can have a reliable understanding of the two kinds of patient access.

Adopt new section 4356, subsection (b).

Purpose: To specify that a patient’s Treatment Team determines their access level, with potential assessment by Program Staff or Executive Staff.

Necessity: This proposed provision is necessary to specify that it is the Treatment Team who determines a patient’s access level because it is composed of unit staff who spend the most time with each patient and who have the best vantage point of observing each patient. It is also necessary that, in collaboration with the Treatment Team, Program Staff or Executive Staff have a mechanism to determine access level in case they observe something additional in a patient’s case. Collaboration is necessary because the Treatment Team, Program Staff, and Executive Staff have different vantage points on a patient which help create a whole picture of a patient’s case. Together, the Treatment Team, Program Staff, and Executive Staff are necessary to have a mechanism to evaluate factors and determine a patient’s access level because they are most familiar with both the patients and the state hospital’s grounds.

Adopt new section 4356, subsection (c).

Purpose: To prescribe a way to record a patient’s access level.

Necessity: This proposed provision is necessary to specify that a patient’s access level will be noted in their medical record. An annotation in the medical record is necessary to ensure best clinical practices, accountability, and a ready reference.

Adopt new section 4357, subsections (a) and (a)(1) through (a)(3).

Purpose: To provide for when a patient will have an Escorted Access level once transferred or admitted.

Necessity: These proposed provisions are necessary to specify in what circumstances a patient may have an Escorted Access level once transferred or admitted.

It is necessary that upon arrival to a state hospital, a patient's access level is immediately Escorted Access to allow for patient movement with staff escort for any reason whatsoever, including medical emergencies, without first requiring a timeframe of observation by the Treatment Team. Immediate Escorted Access is necessary to ensure patient and staff safety.

It is necessary that upon admission to a state hospital, a patient's access level is immediately Escorted Access to allow for patient movement with staff escort for any reason whatsoever, including medical emergencies, without first requiring a timeframe of observation by the Treatment Team. Immediate Escorted Access is necessary to ensure patient and staff safety.

It is necessary that upon transfer from one state hospital to another state hospital, a patient's access level is immediately Escorted Access to allow for patient movement with staff escort for any reason whatsoever, including medical emergencies, without first requiring a timeframe of observation by the Treatment Team. Immediate Escorted Access is necessary to ensure patient and staff safety.

Adopt new section 4357, subsections (b) and (b)(1) through (b)(2).

Purpose: To provide for when a patient will have an Unescorted Access level once transferred or admitted.

Necessity: These proposed provisions are necessary to specify in what circumstances a patient may have an Escorted Access level once transferred or admitted.

It is necessary that before being granted Unescorted Access, a newly admitted patient must wait until the first post-admission Treatment Team Conference, typically within seven to 10 days after admission, before the Treatment Team determines whether Unescorted Access is appropriate. The time between admission and the first Treatment Team Conference is necessary to allow the Treatment Team to interact with and observe a patient, thus ensuring that its determination of a patient's access is well-informed.

It is necessary that, if at the first post-admission Treatment Team Conference, the Treatment Team determines a patient is not yet ready for Unescorted Access, a patient remains on Escorted Access level to allow for patient movement with staff escort for any reason whatsoever, including medical emergencies.

It is necessary that a patient's access level be revisited at each Treatment Planning Conference, which is scheduled at regular intervals, to allow the Treatment Team time to interact with and observe a patient, thus ensuring that its determination or redetermination of a patient's access is well-informed.

Adopt new section 4357, subsections (c) and (c)(1) through (c)(3).

Purpose: To provide a mechanism for subsequent review of a patient's access level.

Necessity: These proposed provisions are necessary to specify the mechanism by which a patient's access may be reevaluated.

It is necessary that upon transfer from one unit to another unit at the same state hospital, a patient's access level remains the same access level as they had on the previous unit to ensure continuity of care. It is also necessary that if the Treatment Team thinks it is clinically appropriate, it has a mechanism to evaluate the factors listed in section 4359 of this proposed regulation as to the newly-transferred patient to determine whether their access level shall remain as set or change, to maintain patient and staff safety in the unit and at the state hospital as a whole.

It is necessary that a patient's access level be revisited at each Treatment Planning Conference, which is scheduled at regular intervals, to allow the Treatment Team time to interact with and observe a patient, thus ensuring that its determination or redetermination of a patient's access is well-informed. Further, it is necessary that the Treatment Team is able to reevaluate the factors listed in section 4359 of the proposed regulation any time it thinks is clinically appropriate, due to changes in a patient's circumstance or case which may occur, and determine whether a patient's access level shall remain as set or change, to maintain patient and staff safety in the unit and at the state hospital as a whole.

It is necessary that while the Treatment Team is the primary evaluator of a patient's access level, Program Staff or Executive Staff also have a mechanism to evaluate the factors listed in section 4359 of the proposed regulation, in case they observe something additional in a patient's case, to determine whether a patient's access level shall remain as set or change. Together, the Treatment Team, Program Staff, and Executive Staff are necessary to have a mechanism to collaborate in evaluating the factors in section 4359 of the proposed regulation and determine whether a patient's access level shall remain as set or change, because they are most familiar with both the patients and the state hospital's grounds.

Adopt new section 4358, subsections (a) through (b).

Purpose: To specify that a patient's access level is determined by their Treatment Team.

Necessity: This proposed provision is necessary to clarify that it is a patient's Treatment Team who evaluates the factors listed in section 4359 of the proposed regulation and determines their access level. It is necessary to so specify so that the public and interested parties understand who is making such a determination. It is necessary that the Treatment Team is a patient's primary evaluator for access level

because it is the Treatment Team who is composed of unit staff who spend the most time with each patient and who have the best vantage point of observing each patient.

It is necessary that Program Staff or Executive Staff have a mechanism to review the factors listed in section 4359 of the proposed regulation and determine a patient's access level in case the Program Staff or Executive Staff observe something additional in a patient's case.

It is necessary that the determination of a patient's access level, whether by the Treatment Team, Program Staff, or Executive Staff, be based on the same factors for each patient as listed in section 4359 of the proposed regulation. This ensures that each patient can expect to be treated fairly.

Adopt new section 4359, subsection (a).

Purpose: To specify that the Treatment Team, Program Staff, or Executive Staff will consider the same factors for each patient in determining their access level.

Necessity: This proposed provision is necessary to clarify that the determination of a patient's access level, whether by the Treatment Team, Program Staff, or Executive Staff, be based on the same list of factors for each patient. This ensures that each patient can expect to be treated fairly.

Adopt new section 4359, subsections (a)(1) through (a)(14).

Purpose: To specify each factor that the Treatment Team, Program Staff, or Executive Staff will consider for each patient in determining their access level.

Necessity: These proposed provisions are necessary to ensure that the Treatment Team, Program Staff, or Executive Staff consider the same factors for each patient, thus ensuring that each patient can expect to be treated fairly.

Hospital grounds, physical structure of the hospital, or layout of the hospital and units is a necessary factor to consider because each state hospital is different, and, depending on the physical layout of a state hospital, it may have different safety and security concerns. This proposed provision is necessary to ensure that a state hospital has the latitude to balance its physical structure and limitations and interest in safety and security with a patient's interest in movement.

Staffing ratios or other licensing requirements is a necessary factor to consider because these requirements dictate how many patients a certain number of staff can legally supervise. This proposed provision is necessary to ensure that a state hospital maintains compliance with licensing laws while accompanying patients with an Escorted Access level and has the latitude to balance such compliance with a patient's interest in movement.

Patient's commitment type is a necessary factor to consider because each commitment type has unique characteristics that may have bearing on a patient's ability or limitations to stay safe and be responsible enough to handle Unescorted Access. This proposed provision is necessary to ensure that a state hospital has the latitude to balance a patient's unique characteristics with their interest in movement.

Patient's participation in treatment is a necessary factor to consider because a patient's progress in treatment is indicative of their ability or limitation in adhering to rules and being responsible. This proposed provision is necessary to ensure that a state hospital considers a patient's participation in treatment and staff's observation of a patient in treatment in determining their access level and has the latitude to balance those observations with a patient's interest in movement.

Patient input is a necessary factor to consider because a patient has autonomy. This proposed provision is necessary to respect a patient's autonomy in making decisions regarding what kind of hospital access they seek or believe they are ready for.

History of verbal or physical aggression toward self or others while at DSH is a necessary factor to consider because aggression toward self or others is indicative of a patient's ability or limitation in staying safe and secure. This proposed provision is necessary to ensure that a state hospital has the latitude to balance a patient's safety and also the safety of their peers, overall ensuring the safety and security of a state hospital as a whole with a patient's interest in movement.

History or allegations of criminal activity while at DSH is a necessary factor to consider because criminal activity is indicative of a patient's ability to follow rules and be responsible. This proposed provision is necessary to ensure that a state hospital has the latitude to balance a patient's ability to comply with the law with their interest in movement.

History of possession of contraband while at DSH is a necessary factor to consider because possession of contraband is indicative of a patient's ability to follow rules and be responsible. This proposed provision is necessary to ensure that a state hospital has the latitude to balance a patient's ability to comply with the law and state hospital rules with their interest in movement.

History of escape attempts or otherwise unauthorized movement while at DSH is a necessary factor to consider because an escape attempt or unauthorized movement is indicative of a patient's ability to follow rules and be responsible. This proposed provision is necessary to ensure that a state hospital has the latitude to balance a patient's ability to comply with the law and state hospital rules with their interest in movement.

History of exploiting, strong-arming, or inciting others or being exploited, strong-armed, or incited while at DSH is a necessary factor because a patient bullying or being bullied by other patients is indicative of their ability to remain safe, not put others at risk, and

comply with state hospital rules. This proposed provision is necessary to ensure that a state hospital has the latitude to balance a patient's safety, the safety of their peers, and their ability to comply with state hospital rules with their interest in movement.

History of destroying property while at DSH is a necessary factor because destruction of property is aggressive, destructive, and indicative of a patient's ability to respect others. This proposed provision is necessary to ensure that a state hospital has the latitude to balance a patient's aggression and ability to respect other people and other people's belongings with their interest in movement.

History of suicide ideation, threats, or attempts while at DSH is a necessary factor because suicidal thoughts, threats, or attempts are indicative of a patient's safety when they are by themselves. This proposed provision is necessary to ensure that a state hospital has the latitude to balance a patient's safety with their interest in movement.

Medical condition is a necessary factor because a patient's medical condition may become a hindrance to their movement, thus putting him or her at risk for injury or further harm. This provision is necessary to ensure that a state hospital has the latitude to balance a patient's medical condition or limitations with their interest in movement.

History of unauthorized possession or use of prescribed medication, drugs, or illicit substances or a refusal to comply with a drug screen while at DSH is a necessary factor because unauthorized or unlawful use of drugs or substances is indicative of a patient's ability to keep themselves safe, comply with the law, and comply with state hospital rules. This proposed provision is necessary to ensure that a state hospital has the latitude to balance a patient's ability to keep themselves safe and to comply with the law and state hospital rules with their interest in movement.

Other relevant information is a necessary factor because there may be other circumstances that may also have a bearing on a patient's ability to remain safe, reduce risk to others, and comply with the law and state hospital rules, and a state hospital must have the latitude to consider these other circumstances as they arise and affect a patient's access level.

Adopt new section 4360, subsection (a).

Purpose: To provide a mechanism for staff to immediately place on hold a patient's access level.

Necessity: This proposed provision is necessary to specify that there may be a circumstance during which a staff member may immediately place on hold a patient's access level. This mechanism is necessary for a state hospital to ensure patient safety and staff safety, regardless of a patient's current access level, in cases of emergency or a significant change in any of the factors listed under section 4359 of the proposed regulation.

Adopt new section 4360, subsection (b).

Purpose: To provide a mechanism for a patient to receive back their access level after a staff member places it on an immediate hold.

Necessity: This proposed provision is necessary to specify that a patient has a mechanism to receive back their access level which had been placed on an immediate hold. It is necessary that a patient's Treatment Team have the opportunity for observation of a patient and reevaluation of the factors listed in section 4359 of the proposed regulation, between the time a patient's access level is placed on hold and the next Treatment Team Conference, ensuring that the Treatment Team is always responsive to a patient and any changes in circumstance or personal progress which may have a bearing on access level. During this time, it is also necessary that a patient has an opportunity to receive feedback on any changed circumstance and that the Treatment Team assist them on how to improve, ensuring that each patient is continuously supported and encouraged toward progress. It is also necessary that any review of a patient's access level, which had been placed on immediate hold, considers the same factors that the Treatment Team, Program Staff, or Executive Staff consider at any other review and determination of access level, ensuring that each patient can expect to be treated fairly.

TECHNICAL, THEORETICAL, OR EMPIRICAL STUDY, REPORTS, OR DOCUMENTS

FISCAL IMPACT ON PUBLIC AGENCIES, SIGNIFICANT EFFECT ON HOUSING COSTS, ECONOMIC IMPACT ON SMALL BUSINESS, AND COST IMPACTS ASSESSMENT / ANALYSIS

Mandate on local agencies and school districts

None. The proposed regulation does not include any mandate on local agencies and school districts. The proposed regulation deals only with movement of patients on the grounds of a DSH state hospital.

Costs or savings to any State agency

None. The proposed regulation deals only with the movement of patients on the grounds of a DSH state hospital. State agencies, including the Department, will have neither expenditures nor savings related to the movement of DSH patients.

Costs to any local agency or school district which must be reimbursed in accordance with Government Code sections 17500 through 17630

None. The proposed regulation does not prescribe any costs to local agencies or school districts, reimbursable or not. The proposed regulation deals only with movement of patients on the grounds of a DSH state hospital.

Other non-discretionary costs or savings imposed on local agencies

None. No local agency will have expenditures or savings related to the proposed regulation, as its scope is limited to the movement of patients on the grounds of a DSH state hospital.

Costs or savings in federal funding to the State

None. The proposed regulation deals only with the movement of patients on the grounds of a DSH state hospital and has no effect on federal funding to the State.

Significant effect on housing costs

None. The proposed regulation deals only with the movement of patients on the grounds of a DSH state hospital. These patients are already housed at a DSH state hospital, judicially committed to the Department for their care and custody. As a result, the proposed regulation will have no effect on housing costs.

Significant statewide adverse economic impact directly affecting businesses and individuals

None. The proposed regulation deals only with the movement of patients on the grounds of a DSH hospital. Businesses or individuals have no role in ensuring that the movement of a DSH patient at a state hospital is appropriate and safe. Thus, the proposed regulation will have no significant statewide impact directly affecting businesses and individuals.

Effect on small business

None. The proposed regulation deals only with the movement of patients on the grounds of a DSH hospital. Small businesses have no role in ensuring that the movement of a DSH patient at a state hospital is appropriate and safe. Thus, the proposed regulation will have no effect on small business.

Cost impacts to a representative private person or business

None. The proposed regulation deals only with the movement of patients on the grounds of a DSH hospital. A representative private person or business has no role in ensuring that the movement of a DSH patient at a state hospital is appropriate and safe. Thus, the proposed regulation will have cost impacts to a representative private person or business.

ECONOMIC IMPACT ASSESSMENT / ANALYSIS

The Department does not anticipate any non-discretionary costs or savings imposed on any local agency, as a result of this proposed regulation, during the current fiscal year and the two subsequent fiscal years.

The Department does not anticipate any additional costs to the Department or any other State agency.

Creation or elimination of jobs within the State of California

None. The proposed regulation deals only with the movement of patients on the grounds of a DSH state hospital. The management of patient movement is already conducted by current DSH staff, and the proposed regulation only makes specific DSH staff duties as they relate to patient movement. As a result, the proposed regulation will neither create nor eliminate jobs within the State of California.

Creation of new businesses or the elimination of existing businesses within the State of California

None. The proposed regulation deals only with the movement of patients on the grounds of a DSH state hospital. The management of patient movement is already conducted by current DSH staff, and the proposed regulation only makes specific DSH staff duties as they relate to patient movement. Businesses within the State of California have no role in the management of patient movement. As a result, the proposed regulation will neither create nor eliminate jobs within the State of California.

Expansion of businesses currently doing business with the State of California

None. The proposed regulation deals only with the movement of patients on the grounds of a DSH state hospital. The management of patient movement is already conducted by current DSH staff, and the proposed regulation only makes specific DSH staff duties as they relate to patient movement. Businesses currently doing businesses within the State of California have no role in the management of patient movement. As a result, the proposed regulation will not affect the expansion of businesses currently doing business within the State of California.

Benefits to the health and welfare of California residents, worker safety, and the State of California's environment

Yes.

The proposed regulation may benefit the health and welfare of California residents, primarily the patients committed to the Department. A standardized system for hospital access promotes patient autonomy, treatment participation, and overall wellness, resulting in better adapted patients. When patients do well, DSH anticipates that morale

will be higher and the hospitals safer, for both staff and patients. The proposed regulation may also benefit the health and welfare of the California public. When patients do well, they return to the community in a better state than when they entered the state hospital system, thereby reducing the risk of harm to the community.

The proposed regulation may also benefit worker safety. Balancing the patients' interest in autonomous movement and the safety and security concerns of the Department, a standardized hospital access system also gives staff a reliable way to manage patient movement and maintain the safeguards in place to keep both staff and patients safe.

The proposed regulation may also benefit the State's environment by making more efficient the movement of patients and the assessment and patient monitoring by staff. This greater efficiency reduces waste in both time and resources, carbon footprints, and energy costs.

EVIDENCE SUPPORTING FINDINGS OF NO SIGNIFICANT STATEWIDE ADVERSE ECONOMIC IMPACT DIRECTLY AFFECTING BUSINESS

The Department concludes that there will be no significant statewide adverse economic impact directly affecting businesses, as a result of this proposed regulation.

REASONABLE ALTERNATIVES TO THE REGULATION AND THE AGENCY'S REASONS FOR REJECTING THOSE ALTERNATIVES

The Department believes that there are no reasonable alternatives to the proposed regulation which would be more effective and less burdensome to affected private persons or equally effective in implementing the provision of law.

DUPLICATION OR CONFLICT WITH FEDERAL REGULATIONS OR STATUTES

The Department expects no duplication or conflict with federal regulations or statutes to occur.

PUBLIC PROCESS FOR DEVELOPMENT OF THE PROPOSED ACTION (PRE-REGULATORY INFORMATION)

Consistent with Government Code section 11346, subdivision (b) and section 11346.45, subdivision (a), DSH workshopped with subject matter experts from each state hospital, including all other interested persons during the development of the proposed regulation. These informal pre-rulemaking discussions provided DSH with useful information that was considered during development of the proposed regulation.

DOCUMENTS RELIED UPON

1. *Department of State Hospitals Violence Report – DSH Hospital Violence 2016*

APPENDICES

Appendix A – Proposed Regulation Order: Adoption of new sections 4355, 4356, 4357, 4358, 4359 and 4360 to Division 1, title 9, CCR.

Appendix B – Workshop Meeting Documentation regarding the informal public process for development of the proposed action